

FILED JAN 6 1951

STANDARD CERTIFICATE OF DEATH

40337

State File No.

Registrar's No. 184

BIRTH NO. 79931-50		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4198		Registrar's No. 184	
1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Gentry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City Mo. R.R.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City Mo. R.R. 0380			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Anna		a. (First)		b. (Middle) Lee		c. (Last) King	
4. DATE OF DEATH Dec. 14. 1950		(Month)		(Day)		(Year)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Dec. 14. 1950	
9. AGE (In years last birthday) 4		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.		4 30	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) King City Mo. R.R. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert E. King		13b. MOTHER'S MAIDEN NAME Wilma Gene Gartin		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Robert E. King King City Mo. R.R.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Lesion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7.544				INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-14-1950, to 12.14.1950, that I last saw the deceased alive on 12-14, 1950, and that death occurred at 4:30 AM from the causes and on the date stated above.							
23a. SIGNATURE E. M. Reynolds (Degree or title) U				23b. ADDRESS Union Star Mo.		23c. DATE SIGNED 12.14.50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12.14.50		24c. NAME OF CEMETERY OR CREMATORY King City		24d. LOCATION (City, town, or county) (State) King City Mo.	
DATE REC'D BY LOCAL REG. 12-29-1950		REGISTRAR'S SIGNATURE Edith Childs 430		25. FUNERAL DIRECTOR'S SIGNATURE R. H. Jaggart		ADDRESS King City Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____

R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address. King City Mo.

.Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.